

<i>SERFF Tracking Number:</i>	<i>YTYC-125294697</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Property And Casualty</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026137</i>
<i>Company Tracking Number:</i>	<i>IIFS CPI R 0907</i>		
<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0002 Creditor-Placed Auto</i>
<i>Product Name:</i>	<i>Collateral Protection Insurance</i>		
<i>Project Name/Number:</i>	<i>2007 Revisions/Kathy</i>		

Filing at a Glance

Company: American National Property And Casualty

Product Name: Collateral Protection Insurance	SERFF Tr Num: YTYC-125294697	State: Arkansas
TOI: 28.0 Credit	SERFF Status: Closed	State Tr Num: AR-PC-07-026137
Sub-TOI: 28.0002 Creditor-Placed Auto	Co Tr Num: IIFS CPI R 0907	State Status:
Filing Type: Rule	Co Status: submitted	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Kathy Lohmann	Disposition Date: 09/26/2007
	Date Submitted: 09/19/2007	Disposition Status: Exempt from Review
Effective Date Requested (New): 10/01/2007		Effective Date (New): 10/01/2007
Effective Date Requested (Renewal): 10/01/2007		Effective Date (Renewal):

General Information

Project Name: 2007 Revisions	Status of Filing in Domicile: Pending
Project Number: Kathy	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/26/2007	
State Status Changed: 09/19/2007	Deemer Date:
Corresponding Filing Tracking Number: YTYC-125294696	
Filing Description:	

We are submitting the captioned for your review and acceptance. This is a new filing to an existing program in your state. The rule page is to replace IIFS-CW-CPI-RULES-0104 "INFORMATIONAL FILING" PURSUANT TO Act 458 of 1999 Commercial Lines Rate Deregulation April 21, 2004. These rules will be used in connection with program forms IIFS.71.1001-CPI-00-1003 et al. This amended page has no rate impact.

We have included a mark up copy for reference.

No other revisions have been made.

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<i>Product Name:</i>	<i>Collateral Protection Insurance</i>		
<i>Project Name/Number:</i>	<i>2007 Revisions/Kathy</i>		

Company and Contact

Filing Contact Information

(This filing was made by a third party - yeartoyearconsultingllc)

Stephanie Glaser, Policy Filing/Compliance Stephanie.Glaser@anico.com
Coordinator

P.O. Box 9007 (800) 899-6502 [Phone]

League City, TX 77574-9007 (281) 535-7477[FAX]

Filing Company Information

American National Property And Casualty	CoCode: 28401	State of Domicile: Missouri
1949 E. Sunshine St.	Group Code: 408	Company Type: P & C
Springfield, MO 65899-0001	Group Name:	State ID Number:
(800) 333-2860 ext. [Phone]	FEIN Number: 43-1010895	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	independent Rule filings - all P&C line (New fee 11-9-99)
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American National Property And Casualty	\$25.00	09/19/2007	15705230

<i>SERFF Tracking Number:</i>	<i>YTYC-125294697</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Exempt from Review	Llyweyia Rawlins	09/26/2007	09/26/2007

<i>SERFF Tracking Number:</i>	<i>YTYC-125294697</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>Collateral Protection Insurance</i>		
<i>Project Name/Number:</i>	<i>2007 Revisions/Kathy</i>		

Disposition

Disposition Date: 09/26/2007

Effective Date (New): 10/01/2007

Effective Date (Renewal):

Status: Exempt from Review

Comment: Per Arkansas Code 23-67-206: Property and casualty insurance for commercial risk, excluding workers' compensation, employers' liability, and professional liability insurance are exempted from rate and rule filing and review.

(see actual code site for details)

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>YTYC-125294697</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Property And Casualty</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026137</i>
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<i>TOI:</i>	<i>28.0 Credit</i>	<i>Sub-TOI:</i>	<i>28.0002 Creditor-Placed Auto</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	NAIC transmittal	Accepted for Informational Purposes	Yes
Supporting Document	Filing memorandum	Accepted for Informational Purposes	Yes
Supporting Document	mark up copy	Accepted for Informational Purposes	Yes
Supporting Document	Filing authorization	Accepted for Informational Purposes	Yes
Rate	Rule page	Accepted for Informational Purposes	Yes

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<i>Filing Company:</i>	<i>American National Property And Casualty</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026137</i>
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<i>Product Name:</i>	<i>Collateral Protection Insurance</i>		
<i>Project Name/Number:</i>	<i>2007 Revisions/Kathy</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>YTYC-125294697</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American National Property And Casualty</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026137</i>
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<i>Product Name:</i>	<i>Collateral Protection Insurance</i>		
<i>Project Name/Number:</i>	<i>2007 Revisions/Kathy</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:	
Accepted for Informational Purposes	Rule page	IIFS-CW-CPI-RULES-0907	Replacement	0104 version	IIFS-CW-CPI-RULES-0907 Underwriting Rules.pdf

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY COLLATERAL PROTECTION PROGRAM UNDERWRITING RULES

I. PREMIUM DETERMINATION -- PART I COVERAGES

A. Policies Written for Term of the Loan

The premium is based on the coverage selected and deductible option. Multiply the loan balance as of the effective date of coverage times the twelve month rate, divide by 12 and multiply the result by the number of months in the remaining loan term.

For Monthly Policies, multiply the loan balance as of the effective date of coverage times the twelve month rate, divide by 12 and multiply the result by the number of months requested.

B. Policies Written on an Annual Basis

Multiply the loan balance as of the effective date of coverage times the twelve month rate and multiply the result times the annual surcharge factor.

For Monthly Policies, multiply the loan balance as of the effective date of coverage times the twelve month rate and monthly surcharge, divide by 12 and multiply the result by the number of months requested.

C. Monthly Outstanding Balance Method

Based on the coverages selected, select the rate from the Rate Schedule and multiply the rate times the loan balance monthly.

The resulting rates in A, B, or C are further subject to any other surcharge/credit factors listed in Section III. Premiums are paid by the Borrower.

II. PREMIUM DETERMINATION – PART II COVERAGES

Part II Coverages are paid by the insured lender and are based on quarterly outstanding loan balances. Part II Coverages apply to only those eligible loans for which a Notice of Insurance has been issued. Premiums may be paid monthly, quarterly or on an annual basis.

An advance deposit premium is required to initiate Part II Coverages. Use prior month's balances to determine initial deposit, which shall be retained by the company until the end of the policy year. At that time an adjustment will be made to determine earned premium initiating a refund or additional premium charge.

If the Insured Lender cancels only Part II coverages, the unearned premium will be refunded on a pro rata basis.

III. SURCHARGES/CREDITS

SURCHARGE / CREDIT FACTORS (APPLY CONSECUTIVELY)	FACTORS
Monthly/Annual policies	1.25
Simple interest/net balances	1.25
Balloon Notes/ Single Pay Notes/ Irregular Pay Notes	1.50*
Pro Rata Refund of Premium	1.15
Commercial Vehicles & Trucks over 1½ tons	1.50
Boats - Mobile Homes - Travel Trailers - Unlicensed Farm Machinery	0.50
Loan to Value Increase to 120%	1.05
Definition of Actual Cash Value to NADA Retail Value	1.10

* Add Form No. IIFS-71-1008-CPI-[00-1003] to include these notes.

IV. BILLING FEES (MONTHLY CERTIFICATES)

A billing fee of \$3.00 shall be added to the monthly premium to offset the cost of installment billing.

V. Premiums are based on the unpaid balance due at the time coverage is written. Maximum liability is \$100,000 per single Notice of Insurance. Loans totaling less than \$500 are not eligible for coverage.

VI. Coverage may be written for the full term of the finance contract, not to exceed a policy term of 60 months. For a finance contract in excess of 60 months, issue annual policies for the remaining term.

VII. CANCELLATION/REFUND OF PREMIUM

A. If cancellation is at request of the company, calculate earned premium on a pro-rata basis. Refund in accordance with the Rule of 78's if cancellation is at the request of the Insured. When coverage is in effect for 30 days or less and no loss is reported or has occurred, coverage may be canceled flat.

B. Monthly Outstanding Balance Cancellation: Cancellation of coverage occurring prior to the 16th of any calendar month will result in no premium charge for that month. If cancellation occurs on the 16th or subsequent, a full month's premium will be charged for certificates of insurance issued to a Borrower.

C. Monthly Billing Cancellation: Cancellation of coverage shall be computed pro-rata and a minimum of one month's earned premium will apply.

AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY COLLATERAL PROTECTION PROGRAM UNDERWRITING RULES

VIII. DEDUCTIBLE OPTIONS

DEDUCTIBLE	MULTIPLIER
\$500	1.0
\$200	1.12
\$150	1.27
\$100	1.46

IX. SCHEDULE RATING PLAN

The rates may be modified in accordance with the following table to reflect such characteristics of the risk not fully taken into consideration during rate promulgation:

1. <u>Management Experience, Qualifications and Stability:</u> Installment lending officers have more than average experience in the installment lending industry. The officers have been with the Lender for more than the average period of time. There is less than average turnover of key personnel who are responsible for verifying primary insurance, and responsible for loan collections, repossessions and skips.	
	5% to -5%
2. <u>Portfolio Mix - Direct Versus Indirect:</u> Insured Lender has a higher than average proportion of direct loans in its Installment Loan portfolio.	
	5% to -5%
3. <u>Automated Tracking System:</u> Lender has established better than average procedures for checking primary insurance and for follow-up on renewals and cancellations. Lender has better than average procedures for loan collection and repossessions.	
	10% to -10%
4. <u>Delinquency and Repossession History:</u> Lender has a history of lower than average delinquency rates and repossessions.	
	10% to -10%
5. <u>Loan Mix:</u> Average outstanding loan balance is below national average, average term of loan is shorter than national average and percent of loan down payment is above average.	
	5% to -5%

THE MAXIMUM CREDIT OR DEBIT APPLICABLE UNDER THIS SCHEDULE RATING TABLE SHALL NOT EXCEED 25%.

The schedule rating plan does NOT apply to an insured with actual or estimated annual premium volume of \$5,000 or less. Schedule rating will be applied after any other premium surcharges or credits; it is not applicable to the lender pay premium.

SERFF Tracking Number: YTYC-125294697 State: Arkansas
Filing Company: American National Property And Casualty State Tracking Number: AR-PC-07-026137
Company Tracking Number: IIFS CPI R 0907
TOI: 28.0 Credit Sub-TOI: 28.0002 Creditor-Placed Auto
Product Name: Collateral Protection Insurance
Project Name/Number: 2007 Revisions/Kathy

Supporting Document Schedules

Satisfied -Name: NAIC transmittal	Review Status: Accepted for Informational Purposes 09/26/2007
Comments:	
Attachment: industry_rates_PCtransDoc_intelligent.pdf	
Satisfied -Name: Filing memorandum	Review Status: Accepted for Informational Purposes 09/26/2007
Comments:	
Attachment: Filing memorandum.pdf	
Satisfied -Name: mark up copy	Review Status: Accepted for Informational Purposes 09/26/2007
Comments:	
Attachment: IIFS-CW-CPI-RULES-0104 Underwriting Rules MARK UP.pdf	
Satisfied -Name: Filing authorization	Review Status: Accepted for Informational Purposes 09/26/2007
Comments:	
Attachment: SERFF Filing Authorization Let 2007 07 24.pdf	

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
-----------	---	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	

AMERICAN NATIONAL PROPERTY AND CASUALTY INSURANCE COMPANY

COLLATERAL PROTECTION INSURANCE PROGRAM

FILING MEMORANDUM

The purpose of this program is to provide force placed comprehensive and collision coverage for the benefit of a lender who issued credit to their customer. Coverage for the lender is required when the customer allows their own physical damage insurance to lapse.

Agents track the loans for insurance coverage. When the customer's physical damage insurance lapses, a Collateral Protection Notice of Insurance is issued for the lender's benefit until such time as the customer's insurance is reinstated.

Collateral Protection Master Policy, is issued to the insured lender. It divides coverages into Part I and Part II. Part I coverages are Comprehensive and Collision, and are applicable to both the insured and the borrower. Part II coverages are applicable only to the insured lender, and as indicated on our Rate Schedule, are paid for entirely by the insured.

Borrower's Notice of Insurance, provides pertinent coverage information to the Borrower. It contains most of the policy provisions of the master policy, but it does not contain provisions which are only applicable to the named insured, such as Part II Coverages, Part II Exclusions and other Conditions that affect the named insured only. This is explained in the section titled "Read This Notice Carefully" on page one.

**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
COLLATERAL PROTECTION PROGRAM
UNDERWRITING RULES**

Deleted: (BORROWER'S NOTICE)

I. PREMIUM DETERMINATION -- PART I COVERAGES

A. Policies Written for Term of the Loan

The premium is based on the coverage selected and deductible option. Multiply the loan balance as of the effective date of coverage times the twelve month rate, divide by 12 and multiply the result by the number of months in the remaining loan term.

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C. Monthly Outstanding Balance Method

Based on the coverages selected, select the rate from the Rate Schedule and multiply the rate times the loan balance monthly.

The resulting rates in A, B, or C are further subject to any other surcharge/credit factors listed in Section III. Premiums are paid by the Borrower.

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An advance deposit premium is required to initiate Part II Coverages. Use prior month's balances to determine initial deposit, which shall be retained by the company until the end of the policy year. At that time an adjustment will be made to determine earned premium initiating a refund or additional premium charge.

If the Insured Lender cancels only Part II coverages, the unearned premium will be refunded on a pro rata basis.

III. SURCHARGES/CREDITS

SURCHARGE / CREDIT FACTORS (APPLY CONSECUTIVELY)	FACTORS
Monthly/Annual policies	1.25
Simple interest/net balances	1.25
Balloon Notes/ Single Pay Notes/ Irregular Pay Notes	1.50*
Pro Rata Refund of Premium	1.15
Commercial Vehicles & Trucks over 1½ tons	1.50
Boats - Mobile Homes - Travel Trailers - Unlicensed Farm Machinery	0.50
Loan to Value Increase to 120%	1.05
Definition of Actual Cash Value to NADA Retail Value	1.10

* Add Form No. IIFS-71-1008-CPI-00-1003 to include these notes.

IV. BILLING FEES (MONTHLY CERTIFICATES)

A billing fee of \$3.00 shall be added to the monthly premium to offset the cost of installment billing.

V. Premiums are based on the unpaid balance due at the time coverage is written. Maximum liability is \$100,000 per single Notice of Insurance. Loans totaling less than \$500 are not eligible for coverage.

Deleted: loan

VI. Coverage may be written for the full term of the finance contract, not to exceed a policy term of 60 months. For a finance contract in excess of 60 months, issue annual policies for the remaining term.

VII. CANCELLATION/REFUND OF PREMIUM

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1.2
**AMERICAN NATIONAL PROPERTY AND CASUALTY COMPANY
 COLLATERAL PROTECTION PROGRAM
 UNDERWRITING RULES**

VIII. DEDUCTIBLE OPTIONS

DEDUCTIBLE	MULTIPLIER
\$500	1.0
\$200	1.12
\$150	1.27
\$100	1.46

IX. SCHEDULE RATING PLAN

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<u>1. Management Experience, Qualifications and Stability:</u> Installment lending officers have more than average experience in the installment lending industry. The officers have been with the Lender for more than the average period of time. There is less than average turnover of key personnel who are responsible for verifying primary insurance, and responsible for loan collections, repossessions and skips.	
	5% to -5%
<u>2. Portfolio Mix - Direct Versus Indirect:</u> Insured Lender has a higher than average proportion of direct loans in its Installment Loan portfolio.	
	5% to -5%
<u>3. Automated Tracking System:</u> Lender has established better than average procedures for checking primary insurance and for follow-up on renewals and cancellations. Lender has better than average procedures for loan collection and repossessions.	
	10% to -10%
<u>4. Delinquency and Repossession History:</u> Lender has a history of lower than average delinquency rates and repossessions.	
	10% to -10%
<u>5. Loan Mix:</u> Average outstanding loan balance is below national average, average term of loan is shorter than national average and percent of loan down payment is above average.	
	5% to -5%

THE MAXIMUM CREDIT OR DEBIT APPLICABLE UNDER THIS SCHEDULE RATING TABLE SHALL NOT EXCEED 25%.

The schedule rating plan does NOT apply to an insured with actual or estimated annual premium volume of \$5,000 or less. Schedule rating will be applied after any other premium surcharges or credits; it is not applicable to the lender pay premium.

OFFICE OF THE GENERAL COUNSEL

**Robert J. Campbell, Sr. Vice President
General Counsel & Corporate Secretary
Tel.: 417-887-4990, Ext. 2206
E-mail: rjcampbell@anpac.com**

**American National Corporate Centre
1949 East Sunshine
Springfield, MO • 65899-0001
Fax: 417-887-0523**

July 24, 2007

Commissioner of Insurance

Re: American National Property And Casualty Company (ANPAC)
NAIC Number 408-28401

Dear Commissioner:

This is notification that we authorize the following firm to make filings on behalf of American National Property And Casualty Company:

Year to Year Consulting, L.L.C.
1580 N. Point Prairie Road
Foristell, MO 63348
Phone: 636-639-1880
Contact person: Steve Rush, Managing Member

Should you have any questions regarding the above, please contact me accordingly.

Sincerely,



Robert J. Campbell
Senior Vice President/General Counsel/Corporate Secretary
Chief Claims Officer

